

ILLINOIS WORKERS' COMPENSATION COMMISSION
REQUEST FOR HEARING

ATTENTION. Please give this form to the arbitrator after you obtain a trial date.

Employee/Petitioner

Case # _____ WC _____

v.

Employer/Respondent

Setting _____

The petitioner and respondent are prepared to try this matter to completion on _____, unless the arbitrator approves other arrangements.

1. Petitioner claims that, on _____, the petitioner and respondent were operating under the Illinois Workers' Compensation or Occupational Diseases Act, and their relationship was one of employee and employer.
Respondent agrees _____ disputes _____ for the following reason: _____.
2. Petitioner claims that, on the above date, he or she sustained accidental injuries or was last exposed to an occupational disease that arose out of and in the course of employment.
Respondent agrees _____ disputes _____ for the following reason: _____.
3. Petitioner claims his or her condition of ill-being is causally connected to this injury or exposure.
Respondent agrees _____ disputes _____ for the following reason: _____.
4. Petitioner claims that the respondent was given notice of the accident within the time limits stated in the Act.
Respondent agrees _____ disputes _____. If in dispute, the petitioner states that on _____, notice was given to _____, with the job title _____.
5. Petitioner claims his or her earnings during the year preceding the injury were \$ _____, and the average weekly wage, calculated pursuant to Section 10 of the Act, was \$ _____.
Respondent agrees _____ disputes _____. The respondent claims the earnings in the year preceding the injury were \$ _____, and the average weekly wage was \$ _____.
6. At the time of injury, the petitioner was _____ years old; married _____ single _____; with _____ children under 18 years old.
Respondent agrees _____ disputes _____ for the following reason: _____.
7. Petitioner claims Respondent is liable for the following unpaid medical bills (list): Respondent agrees _____ disputes _____.
Attach a list, if necessary.

Respondent claims it paid \$ _____ of the above bills through its group medical plan for which credit may be allowed under Section 8(j) of the Act.

8. Petitioner claims he or she was temporarily totally disabled from _____ through _____ ,
First day of lost time Last day of lost time
representing _____ weeks.
- Respondent agrees _____. Respondent agrees to the TTD period, but denies liability. _____. Respondent disputes _____.
Respondent claims the petitioner was disabled from _____ through _____ ,
First day of lost time Last day of lost time
representing _____ weeks.
9. Respondent claims it paid \$ _____ in TTD and/or maintenance benefits.
- Petitioner agrees _____ disputes _____. Petitioner claims \$ _____ was paid.
- Respondent claims it paid \$ _____ in group, nonoccupational disability benefits for which credit may be
allowed under Section 8(j) of the Act.
- Petitioner agrees _____ disputes _____. Petitioner claims \$ _____ was paid.
10. Petitioner claims to be entitled to additional compensation under Section 19(k) _____ 19(l) _____ , and/or attorneys'
fees under Section 16 _____ of the Act. Petitioner has _____ has not _____ filed a penalty petition.
11. The nature and extent of the injury is _____ is not _____ in dispute. Additional issues are:
12. A petition for attorneys' fees by a former attorney is _____ is not _____ pending. Petitioner's attorney has notified
the former attorney of the date of this hearing.
13. Petitioner will submit any depositions by _____ .
Respondent will submit any depositions by _____ .
14. STENOGRAPHIC STIPULATION. Both parties agree that if either party files a *Petition for Review of Arbitration Decision* and
orders a transcript of the hearings, and if the Commission's court reporter does not furnish the transcript within the time limit
set by law, the other party will not claim the Commission lacks jurisdiction to review the arbitration decision because the
transcript was not filed timely.

Date submitted

Name of respondent's insurance or service company (please print)

Signature of petitioner or petitioner's attorney

Signature of respondent or respondent's attorney

Attorney's name and IC code # (please print)

Attorney's name and IC code # (please print)

Name of law firm

Name of law firm

Street address

Street address

City, State, Zip code

City, State, Zip code

Telephone number

Telephone number

NOTE: The arbitration decision will be sent by certified mail to the addresses listed above.